



CBAS Stakeholder Meeting

Meeting Date December 3, 2013 2:00 – 5:00pm
Sacramento
CDA

Attendees:
Workgroup

Workgroup Representatives	Organization
Dr. William Henning	Inland Empire Health Plan
James Kawakami	LA Care
Leilani Mercurio	LA Care
Sonja Bjork	Partnership Health Plan
Pamela Mokler	Care 1st
Beverly Gibbs	Care 1st
Tammy Moore	Santa Clara Family Health Care Plan
Dr. Wendy Tong	Anthem Northern California
Ruth Gay	Alzheimer's Association
Vivian Criado	California Elder Mental Health and Aging Coalition (CEMHAC)
Shirley Parker	Eskaton ADHC-Consumer Advocate
Rosalie P. Marchand	Eskaton ADHC-Consumer Advocate
Lydia Missaelides	California Association for Adult Day Services (CAADS)
Berdj Karapetian	Adult Day Healthcare Association
Celine Regalia	Adult Day Services of Napa Valley
Diana Cooper-Puckett	Peg Taylor center for Adult Day Health Care
Mark Kovalik	Among Friends Adult Day Health Care
Mallory Vega	Acacia Adult Day Services
Nina Nolcox	Graceful Senescence Adult Day Health Care
Robert MacLaughlin	Assembly Committee on Aging and Long-Term Care
Michelle Baass	Senate Budget Committee
John Shen	DHCS
Jeannie Smalley	DHCS
Ed Long	CDA
Denise Peach	CDA

Link to current CBAS Stakeholder Workgroup:

http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Stakeholder_Process/Meetings/Stakeholder_Workgroup_Meeting/Stakeholder_Members_112613.pdf



Stakeholders

Non-Workgroup Stakeholders in Attendance: 9
Registered for the webinar: 362
Attended the webinar via GoTo Meeting: 215

Agenda

Introduction

Overview: Workgroup Objectives, Deliverables, Timeline

Beginning the Conversation:

- ✓ Current CBAS environment
- ✓ Identification of Issues for Consideration

Materials Review:

- ✓ Special Terms and Conditions
- ✓ Standards of Participation
- ✓ Stakeholder Input To Date

Public Comment

Next Steps/Review of Action Items

Meeting Adjourned

Link to December 3, 2013, meeting agenda:

http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Stakeholder_Process/Meetings/Stakeholder_Workgroup_Meeting/2013_1118_CBAS_Stakeholder_Workgroup_Meeting_Agenda_FINAL_112613.pdf

Summary

CDA Director Lora Connolly convened the meeting with a welcome to the Workgroup and all stakeholders. Workgroup members introduced themselves. Bobbie Wunsch, Pacific Health Consulting Group, the workgroup facilitator, provided a brief overview of the Workgroup's objectives, work products, and the timelines.

The Workgroup then proceeded to discuss the current CBAS environment in managed care, what's working, what needs improving, and what are future opportunities and challenges to keep in mind as the Stakeholder process moves forward. See list below summarizing notes captured by Bobbie Wunsch and CDA staff during the discussion.

Next Denise Peach, CDA CBAS Branch Chief, introduced two work



tools that the Workgroup will use extensively during the next three meetings to review the Waiver Special Terms and Conditions (STCs) and Standards of Participation (SOPs) and to make recommendations to DHCS regarding specific Waiver deletions, changes, and additions.

Denise then summarized the Stakeholder comments received during the October 23, 2013, kick-off webinar and to date.

CBAS Environment and Issues Discussion – 12/3/13

What's Working in Managed Care Now

1. "Can do" / positive spirit of CBAS centers and health plans working together to solve problems
2. Health plans working with CBAS to resolve problems as fast as possible
3. Focus on beneficiaries
4. Some health plans are providing educational materials for MDs about CBAS
5. CBAS provides a model for educating health plans about participants
6. Having a managed care plan that is local makes communication easier and they know the program and participants
7. Health plans now know more about CBAS
8. Groundbreakers for CCI transition
9. Timely face-to-face assessments and faster admission to CBAS
10. CBAS providers are active in health plan activities
11. Health plans more active in community activities
12. CBAS providers are strong advocates for members
13. TARS approved in more timely manner
14. CBAS is new tool for health plans in working with members
15. Health plan staff relationships with CBAS staff are very positive
16. CBAS program more sophisticated new/expanded post-transition
17. CBAS program flexible and adaptable

What Needs Improving

1. CBAS is the "best kept secret" – that needs to change
2. Exchange of quality data
3. 30-40 days to get in program – too long after transition. Time delays getting into CBAS program when immediate need post-hospitalization or nursing facility discharge.
4. Better data sharing so health plans and CBAS providers know where clients are getting care
5. CBAS center closures and potential closures.



6. Better outreach to MDs to educate about managed care and to get their assistance encouraging beneficiaries to enroll and stay in managed care
7. Health plan staff don't know CBAS – managers know, but front line staff don't
8. Lack of incentives for MDs to refer to CBAS
9. CBAS not utilized to best capacity/know client more than plans/Health Risk Assessment (HRA) example of how CBAS centers know and have trust of participants
10. Care transitions for facility/plans to another timely → CBAS→ acute→ setting with health plan. Need timely transition from one health plan to another, from one facility to another.
11. Assessment tools don't focus enough on dementia issues. Tools need to prompt for the right questions.
12. Health plan lack of experience with dementia
13. Health risk assessment and universal assessment need to identify CBAS.
14. Need standard tools
15. Need to identify core data elements
16. Revise individual plan of care (IPC). Transition IPC to a clinical and data collection tool.
17. Need standard criteria for eligibility for CBAS. Define what drives changes to a care plan and/or increases in days of service.
18. How to reach potential clients earlier using data
19. Common assessment tools
20. Include CBAS in marketing / education to members and MDs
21. Flexibility in model for subgroups – e.g., Mental health, DD, TBI – with varied staffing requirements based on individuals served
22. Not isolated service. Part of coordinated system of care
23. Remove caps on number of days and dollars
24. Need clear paths of communication between plans and CBAS centers regarding sharing of care plans and participant/member data.
25. Need to do joint participant eligibility determinations with plan and CBAS center staff.
26. Need to do validity testing of plan eligibility determinations

What are Opportunities for Future

1. Health information technology and sharing of data
2. More expansion of CBAS in isolated rural areas
3. CBAS opens door to an array of services designed to manage chronic health conditions, keep beneficiaries in the community, and out of higher level of care.
4. CBAS as part of coordinated system of care
5. Incentives to create services for special populations



6. Flexibility in model
 7. CCI/Cal MediConnect
 8. Direct connection to MDs
 9. Reduce data collection duplication
 10. Increase care transitions – SNF → community/ integrated board and care. CBAS can provide short-term care as well as long-term.
 11. CBAS demonstrating reductions in hospitalizations and nursing facility placement
 12. Train families to assist with transitions in short-term situations
 13. Hub of care coordination / extension for plan
 14. Community perception "go to"
 15. Remove caps / align incentives
 16. CBAS out of the silo
 17. Tie to the family
 18. CBAS as solution for aging population and for health plans
 19. Experimentation / new models and approaches
 20. Closer to clients
 21. Demonstrate cost effectiveness, especially with nursing home/hospital transitions and avoidance
 22. Partner to health plan
 23. Longer hours
- Creating flexibility in laws and regulations

Link to recording of 12/3 CBAS Stakeholder Workgroup Meeting:
http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Stakeholder_Process/Meetings/Stakeholder_Workgroup_Meeting/December_3,_2013_CBAS_Stakeholder_Key_Workgroup_Meeting_Recording.wmv

Public Comments

Stakeholders provided 34 comments and/or raised questions during the meeting either via the webinar in writing or in person at the meeting. Several individuals raised questions or made comments about how stakeholder input could be considered.

CDA staff grouped the main subjects of comments/questions received (below) and will post the comments log to the CDA CBAS Stakeholders website. Each Workgroup meeting agenda will include time to discuss stakeholder input received to date.

Stakeholder Input Log Topic Areas:

- Participant Information
- Authorization Process and Face-to-Face (F2F) Eligibility Determination
- Access



- Payments
- Information Technology
- Not-For-Profit Provider Status Provisions
- Rates
- CBAS Program Model
- Stakeholder Process
- Standard Assessments

**Action Items /
Next Steps**

1. Post revised list of Workgroup members to the CDA CBAS Stakeholders website.
2. Send revised list of Workgroup members, including email addresses, to the Workgroup members to facilitate communication between Workgroup members.
3. Revise matrices for use by Workgroup in reviewing Waiver Special Terms and Conditions (STCs) and Standards of Participation (SOPs).
4. Review and catalogue stakeholder comments in log for posting to website and review during January 2014 meeting.
5. Form small Workgroup teams and assign STCs/SOPs for review and discussion prior to the January 9, 2014, meeting.
6. Identify which STC reporting requirements to CMS have been met and share available reports.
7. Encourage stakeholders to use the STC/SOP work tools for submission to the Workgroup of specific suggestions for revision.